

18 March 2020

Dear Renal Clinical Director

We are writing with recommendations to all renal clinical directors on advisory management and provision of chronic dialysis treatment to address safety issues in this pandemic. Please could you share this with renal service matrons and operational managers. The advice comes from the COVID-19 Renal Guidance Group with representation from all professional and patient bodies responsible for kidney disease care.

Many renal services are addressing crucial areas for the safe care of renal patients in this time, and you will be aware of this within your organisations. We are advising all renal services to consider the following.

- 1. Some patients with end-stage renal failure who require transport to attend in centre or satellite unit dialysis may be at immediate risk. Some dialysis transport providers are indicating that they will not transport patients who have symptoms that could be due to COVID-19 or who have confirmed COVID-19.** Dialysis units should have a register of all patients who are reliant on transport provision and a plan to mitigate this eventuality. These patients could be supported by: (i) alerting patients that where possible friends and family should bring them in for dialysis sessions (ii) assessing if there are any volunteer structures that can work to provide support for dialysis patient transport in this period (iii) potentially working with local St John's Ambulance or other emergency contingency providers.
- 2. Rapid screening of all dialysis patients with suspected COVID-19.** Dialysis treatment is a time-critical treatment. Patients receiving in-centre dialysis are not effectively able to self-isolate due the need to attend regular dialysis to stay alive. Dialysis units could potentially be viewed as "closed communities" where there is an increased risk of outbreak within each unit. We are receiving reports from colleagues in other countries of patients dying as a consequence of being isolated whilst waiting for screening or results from screening. There are reports from clinical colleagues in UK renal services of dialysis patients being placed at risk through being isolated and dialysis being delayed. This puts UK patients who receive dialysis treatment at risk of death through cardiac arrest secondary to hyperkalaemia. All dialysis patients who develop symptoms suggestive of COVID-19 should be screened urgently with a rapid test turn-around time. Dialysis treatments should not be delayed as a consequence of waiting for results of screening for COVID-19.
- 3. Dialysis services should be configured to provide** (i) dedicated (cohort) dialysis facilities patients who are COVID-19 +ve (ii) dedicated facilities for patients who require isolation as consequence of contact or a consequence of awaiting test results (iii) safe treatment to all other dialysis patients in this period.

- 4. All dialysis patients who are admitted to a hospital that does not have dialysis facilities and are not requiring ITU care are urgently transferred to their base hospital for in-centre dialysis treatment.**
- 5. Enter discussion with independent sector providers of dialysis regarding flexible staffing arrangements and the need for agreed joint policies on management of infected and suspected patients.**

The group wishes to hear of units unable to implement these recommendations in their organisation. Please let us know on COVID-19@renal.org

We will support through advocating nationally for you.

A regional infrastructure to support NHSE structures is being established to support renal services; Trusts with renal services in a region will have to work closely together in this period to deliver the service change required.

Best wishes

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Chair, COVID-19 Renal Guidance Group